

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MT	665548	1-24-00
O.I.P.E. CLASSIFIER	W	45	2/9
FORMALITY REVIEW		65911	2-16-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/20/00
2	✓	✓	1/26/01
3	✓	✓	2/2/01
4	✓	✓	2/2/01
5	✓	✓	2/2/01
6	✓	✓	2/2/01
7	✓	✓	2/2/01
8	✓	✓	2/2/01
9	✓	✓	2/2/01
10	✓	✓	2/2/01
11	✓	✓	2/2/01
12	✓	✓	2/2/01
13	✓	✓	2/2/01
14	✓	✓	2/2/01
15	✓	✓	2/2/01
16	✓	✓	2/2/01
17	✓	✓	2/2/01
18	✓	✓	2/2/01
19	✓	✓	2/2/01
20	✓	✓	2/2/01
21	✓	✓	2/2/01
22	✓	✓	2/2/01
23	✓	✓	2/2/01
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29	✓	✓	2/2/01
30	✓	✓	2/2/01
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42	✓	✓	2/2/01
43	✓	✓	2/2/01
44	✓	✓	2/2/01
45	✓	✓	2/2/01
46	✓	✓	2/2/01
47	✓	✓	2/2/01
48	✓	✓	2/2/01
49	✓	✓	2/2/01
50	✓	✓	2/2/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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